

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration**

HIV/AIDS Bureau
Division of State HIV/AIDS Program
Ryan White HIV/AIDS Program

***Resource and Technical Assistance Center for HIV Prevention and Care for
Black Men who have Sex with Men (Black MSM) Cooperative Agreement***

**Announcement Type: New
Announcement Number: HRSA-14-106**

Catalog of Federal Domestic Assistance (CFDA) No. 93.145

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2014

Application Due Date: February 21, 2014

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Deadline extensions are not granted for lack of registration.
Registration may take up to one month to complete.*

Release Date: January 15, 2013

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Authority: Sections 2606, 2654, and 2671, of Title XXVI of the Public Health Service Act, and Section 311 (c) of the Public Health Service Act, 42 USC 243(c), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L.118-87)

EXECUTIVE SUMMARY

The Health Resources and Services Administration, HIV/AIDS Bureau (HAB), Division of State HIV/AIDS Program (DSHAP) is accepting applications for fiscal year (FY) 2014 Resource and Technical Assistance Center for HIV Prevention and Care for Black Men who have Sex with Men (Black MSM) Cooperative Agreement for the purpose of compiling, distributing, and replicating effective models for HIV clinical care and treatment for adult and young Black Men who have Sex with Men (Black MSM). Specifically, the intent of this cooperative agreement program is to: 1) inventory existing evidence-based interventions and strategies and; 2) identify and disseminate best practices and effective models of care for Black MSM including young Black MSM, aged 13 to 24.

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| Funding Opportunity Title: | Resource and Technical Assistance Center for HIV Prevention and Care for Black Men who have Sex with Men (Black MSM) Cooperative Agreement |
| Funding Opportunity Number: | HRSA-14-106 |
| Due Date for Applications: | January 14, 2014 |
| Anticipated Total Annual Available Funding: | \$1,500,000 |
| Estimated Number and Type of Awards: | 1 cooperative agreement(s) |
| Estimated Award Amount: | Up to \$1,500,000 per year |
| Cost Sharing/Match Required: | No |
| Length of Project Period: | 2 years |
| Project Start Date: | 07/01/2014 |
| Eligible Applicants: | Nonprofits having 501(c)(3) status with IRS, other than institutions of higher education, Nonprofits without 501 (c)(3) IRS status, other than institutions of higher education, Private institutions of higher education, For-profit organizations other than small businesses, and small businesses. [See Section III-1 of this FOA for complete eligibility information.] |

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this funding opportunity announcement to do otherwise. A short video for applicants explaining the new *Application Guides* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for a *Resource and Technical Assistance Center for HIV Prevention and Care for Black Men who have Sex with Men (Black MSM) Cooperative Agreement*. The purpose of this cooperative agreement is to: 1) inventory existing evidence-based interventions and strategies and; 2) identify and disseminate best practices and effective models of care for Black Men who have Sex with Men (Black MSM) including young Black MSM ages 13 to 24. One cooperative agreement will be awarded under this funding opportunity announcement for the purpose of compiling, distributing, and replicating effective models for HIV clinical care and treatment for adult (ages 24 and up) and young (ages 13- 24) Black Men who have Sex with Men (Black MSM). The successful applicant organization will implement a program that works across the HIV care continuum and that yields replicable best practices and models. Knowledge transfer will occur through the creation of training manuals, curricula, webinars and other electronic media that facilitate widespread replication and implementation with an emphasis on areas where the epidemiological and surveillance data support the need for innovative service delivery models to improve the HIV continuity of care along the treatment cascade for Black MSM.

The geographic range of the proposal is nationwide and will focus on the development of a resource inventory and dissemination of best practices that can be replicated and implemented by current health services providers. The resulting inventory may subsequently be used to inform a potential Special Projects of National Significance Initiative (SPNS).

The main activities for this project are:

1. Compile a comprehensive resource inventory of culturally and developmentally appropriate and successful evidence based strategies to deliver HIV screening, testing, linkage and retention into care leading to improved health outcomes including viral suppression. The resource inventory may include culturally appropriate behavioral health components, post-incarceration discharge planning strategies, and other proven service delivery models designed to increase the number of Black MSM diagnosed with HIV who are linked and retained in care.
2. Design a Technical Assistance (TA) workbook/toolkit containing effective evidence-based best practice interventions that can be replicated and implemented for BMSMs.
3. Design a web based technical assistance clearinghouse linked to the HIV/AIDS Bureau TARGET website to manage the resource inventory containing TA resources, models of care, curricula, toolkits and webinars.

Year one of this project will involve compiling and developing a comprehensive resource inventory of successful evidence- based strategies to engage and retain newly diagnosed HIV positive Black Men who have Sex with Men (Black MSM) including young Black MSM ages 13-24 through culturally and developmentally appropriate clinical care. The resource inventory will include: culturally and developmentally appropriate behavioral health components, discharge planning strategies post-incarceration, prevention with positives (PWP) interventions, youth based interventions and other successful evidence-based models of service delivery designed to increase retention and engagement in care leading to improved health outcomes for Black MSM including young Black MSM. The measurable outcomes may include increased

adherence to medication regimes, viral suppression, increased health literacy, and increases in the number of Black MSM diagnosed with HIV who are linked and retained in care.

Year Two of the project will focus on the dissemination of successful evidence-based models of care for adult (ages 24 and up) and young (ages 13-24) Black MSM. The knowledge transfer should be designed to promote and support wide spread replication and implementation of innovative models. The resources, models, strategies and best practices will be broadly disseminated through webinars, electronic and social media to HIV/AIDS providers, health centers and health departments, federally and non-federally funded organizations and HIV/AIDS stakeholders, who provide services to Black MSM in an effort to increase their capacity to serve, enhance the quality of care and improve health outcomes. Comprehensive technical assistance modules will be developed that include the procedural material enabling providers to replicate and implement the best practices and strategies for serving Black MSM along the continuum of care.

The aim and purpose of dissemination of these interventions is to increase the capacity, quality, and effectiveness of HIV/AIDS service providers to screen, diagnose, link, and retain the Black MSM community especially Black youth aged 13-24 in HIV clinical care.

Some of the key outcomes from this project may include: increase in the proportion of newly diagnosed adult and young Black MSM patients linked to care, lower numbers of annual HIV infections among adult and young Black MSM, increase in the number of adult and young Black MSM living with HIV who know their status, increased adherence to treatment regimens and increased HIV health literacy among adult and young Black MSM.

With this Cooperative Agreement, certain requirements remain important in providing coordinated and comprehensive technical assistance on the national level. Every application must demonstrate how it will work within these requirements. Applicants must:

- Coordinate with local awardees and their HAB program staff
- Demonstrate meaningful collaboration among partners
- Use current HAB approved or recommended curricula and resources as appropriate
- Use multiple methods to deliver technical assistance to a larger portion of the Ryan White HIV/AIDS Program awardees than would be possible with on-site TA alone
- Include follow up evaluation that provides information on how the technical assistance is used by the target organizations as part of evaluation
- Use principles of self-efficacy in work with awardees/subawardees and their work with consumers
- Provide avenues for technical assistance for persons who learn best via self-learning or in other languages
- Use the TARGET Center as the website for TA and TA products
- As relevant and applicable, work with other HAB National Cooperative Agreement entities and contracted TA providers to develop and deliver TA content.

2. Background

This program is authorized by Sections 2606, 2654, 2671 and 2692 of Title XXVI of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L.111-87) (Ryan White HIV/AIDS Program or RWHAP), a Federal law that addresses the

unmet health needs of Persons Living with HIV/AIDS (PLWHA) by funding primary health care and support services that enhance access to and retention in care.

This project will advance the four principles of the National HIV/AIDS Strategy (NHAS), which identifies African-American gay and bisexual men as one of the principle groups facing HIV/AIDS-related disparities. As stated in the NHAS, "...What is sometimes less recognized is the extent to which the HIV epidemic among African Americans remains concentrated among Black Gay Men, who comprise the single largest group of African Americans living with HIV. Efforts to reduce HIV among Blacks must confront the epidemic among Black gay and bisexual men as forcefully as existing efforts to confront the epidemic among other groups. These overlapping communities both need intensive efforts to stem HIV infection."

The NHAS sets a goal of increasing "the proportion of HIV diagnosed Blacks with undetectable viral load by 20 percent by 2015." To accomplish this goal, the NHAS includes actionable steps of community-level approaches to reduce HIV infection in high-risk communities; and the reduction of stigma and discrimination against people living with HIV. In 2011, although 47 percent of the more than 555,000 clients served by the Ryan White HIV/AIDS Program receiving one or more services were African Americans, more work remains to meet these NHAS goals.

Support Affordable Care Act Implementation

As part of the Affordable Care Act (ACA), the health care law enacted in 2010, several significant changes have been made in the health insurance market that expand options for health care coverage, including those options for people living with HIV/AIDS. The ACA creates new state-based marketplaces, also known as exchanges, to offer millions of Americans access to affordable health insurance coverage. Under the ACA, individuals with incomes between 100 to 400 percent Federal Poverty Level (FPL) may be eligible to receive advance payments of premium tax credits and/or cost-sharing reductions to help pay for the cost of enrolling in qualified health insurance plans and for coverage of essential health benefits. In states that choose to participate in the ACA, Medicaid eligibility expands to non-disabled adults with incomes of up to 133 percent of FPL, thus providing new coverage options for many individuals who were previously ineligible for Medicaid. In addition, the law requires health plans to cover certain recommended preventative services without cost sharing, making health care affordable and accessible for Americans. The health care coverage options may be reviewed at <http://hab.hrsa.gov/affordablecareact/keyprovisions.pdf>.

Outreach efforts are needed to ensure that families and communities understand these new health care coverage options and to provide eligible individuals with assistance to secure and retain coverage during the transition and beyond. The HIV/AIDS Bureau recognizes that outreach and enrollment of Ryan White HIV/AIDS Program (RWHAP) clients into the expanded health insurance coverage is critical. As appropriate and allowable by statute, RWHAP grantees are strongly encourage to support ACA-related outreach and enrollment activities to ensure that clients fully benefit from the new health care coverage opportunities. For more information on allowable outreach and enrollment activities, please see <http://www.hab.hrsa.gov/affordablecareact/outreachenrollment.html>.

For more information on the marketplaces and the health care law, visit <http://www.healthcare.gov>.

As a part of HAB's ongoing commitment to ensure that the Ryan White HIV/AIDS Program and our clients are prepared for the ACA transition beginning in January 2014, the Bureau complied helpful information about ways in which grantees can use existing Ryan White budget resources to prepare for full implementation of the new law. The letter and table are posted on the HAB website at: <http://hab.hrsa.gov/affordablecareact/outreachenrollmentbenefitsletter.pdf> and <http://hab.hrsa.gov/affordablecare/outreachenrollment.html> which provide background and outline service categories by Part that can be used to support outreach, benefits counseling and enrollment activities of RWHAP clients into private health insurance plans through the Health Insurance Marketplace and into Medicaid in their jurisdiction.

Continuum of HIV Care

Identifying people infected with HIV and linking them to HIV primary care with initiation and long-term maintenance of life-saving antiretroviral treatment (ART) are important public health steps toward the elimination of HIV in the United States. The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or the Care Treatment Cascade. The Continuum of HIV Care includes the diagnosis of HIV, linkage to HIV medical care, lifelong retention in HIV medical care, appropriate prescription of ART, and ultimately HIV viral load suppression.

The difficult challenge of executing these lifesaving steps is demonstrated by the data from the CDC, [which estimate that only 25 percent of individuals living with HIV in the United States have complete HIV viral suppression](#). Data from the Ryan White Service Report (RSR) indicate that there are better outcomes in Ryan White funded agencies with [approximately 70% of individuals who received Ryan White funded medical care are virally suppressed](#). Such findings underscore the importance of supporting effective interventions for linking HIV-positive individuals into care, retaining them in care, and helping them adhere to their combination ART regimens.

Ryan White grantees are encouraged to assess the outcomes of their programs along this continuum of care. Grantees should work with the community partners to improve outcomes across the Continuum of HIV Care, so that individuals diagnosed with HIV are linked and engaged in care and started on ART as early as possible. HAB has worked with other agencies within the [Department of Health and Human Services to develop performance measures](#) to assist in assessing outcomes along the continuum. HAB encourages grantees to use these [performance measures](#) to assess the efficacy of their programs and to analyze and address the gaps along the Continuum of HIV Care to improve the outcome of care provided. These efforts are in alignment with the support and goals and objectives of the National HIV/AIDS Strategy.

II. Award Information

1. Type of Award

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, **HRSA Program responsibilities shall include:**

1. Collaborating and participating in the design, direction and evaluation of activities;
2. Participating in the selection and review of evaluation mechanisms
3. Contributing to, reviewing, and providing input on written documents, including training curriculum, publications, and other resources
4. Providing ongoing input and collaboration in the management and technical performance of activities; and
5. Ensuring integration into HAB programmatic and data reporting efforts.

The cooperative agreement recipient's responsibilities shall include:

1. Collaborating with HRSA HAB on the design, direction and evaluation of activities, including approaches to training and technical assistance activities related to providing HIV prevention and care of adult and young Black MSM.s
2. Working with HRSA/HAB to create and disseminate the resource inventory to HIV/AIDS Providers, health center, health departments, federally and non-federally funded organizations, and HIV/AIDS stakeholders serving adult and young Black MSM through knowledge transfer using electronic media including webinars
3. Jointly working with HHS/HRSA/HAB to develop comprehensive TA modules that include procedural materials to enable HIV service providers to replicate and implement best practices and strategies for serving both adult and young Black MSM along the continuum of care.
4. Collaborating with assigned HAB project officer and other HRSA staff as necessary to plan, execute and evaluate the TA activities
5. Working with HAB to analyze and modify activities as necessary in keeping with the changing trends and needs of the Ryan White Program grantees and the health care environment.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2014 - 2015. Approximately \$1,500,000 is expected to be available annually to fund one (1) awardee. The actual amount available will not be determined until enactment of the final FY 2014 Federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. Applicants may apply for a ceiling amount of up to \$1,500,000 per year. The project period is two (2) years. Funding beyond the first year is dependent on the availability of appropriated funds for "Resource and Technical Assistance Center for HIV Prevention and Care for Black Men who have Sex with Men (Black MSM) Cooperative Agreement" in subsequent fiscal years, awardee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

Entities eligible to apply include public groups, nonprofit, private entities (including faith-based and community based organizations) and school and academic health science centers involved in

addressing HIV/AIDS related issues at a national level.

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF424 application package associated with this funding opportunity following the directions provided at [Grants.gov](https://www.grants.gov).

2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](#) except where instructed in the funding opportunity announcement to do otherwise.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and submitted prior to the deadline to be considered under the announcement.

Program-specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#) (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following.

i. Project Abstract

See Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

■ **INTRODUCTION -- Corresponds to Section V's Review Criterion #1**

This section should describe how the proposed project will enhance the dissemination of evidence-based service models of HIV care for serving both adult (ages 24 and up) and young (ages 13-24) Black MSM. The applicant should include a discussion that exhibits an expert understanding of the Ryan White HIV/AIDS Program Legislation, High Impact Prevention as defined by the CDC by both internal and consulting staff. The applicant should include a discussion that exhibits expertise in nationwide collaborations with federal agencies and national organizations. The applicant should also include a discussion on the challenges of engaging and retaining both adult and young Black MSM in care and treatment services.

■ **NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1**

This section should help reviewers understand the need to increase the capacity, quality and effectiveness of health care providers to screen, diagnose, and retain HIV positive adult and young Black MSM in clinical care. Describe the need for a comprehensive resource inventory of culturally and developmentally appropriate successful evidence-based strategies to deliver HIV screening, testing, linkage and retention into care leading to improved health outcomes for adult and young Black MSM. Demographic or other data should be used and cited whenever possible to support the information provided. Include that data/information gathering methods. Describe the need for information dissemination and knowledge transfer of effective evidence-based interventions for adult and young Black MSM. Describe best practices for information dissemination and knowledge transfer of effective evidence-based interventions to clinical providers and community-based organizations serving adult and young Black MSM at risk of or living with HIV. Describe how regional and cultural differences in accessing and retaining both adult and young Black MSM in care and treatment impact the treatment cascade for the target populations of adult and young Black MSM. Outline how the project will contribute to the current national HIV/AIDS and health care environment as well as serve as a complement to the Ryan White HIV/AIDS Program.

■ **METHODOLOGY -- Corresponds to Section V's Review Criterion #3**

Propose methods that will be used to meet each of the previously described program requirements and expectations in this cooperative agreement announcement. Discuss why the selected methodology is appropriate for this project. Include methods of gathering information as part of the resource inventory in the initial six months of the agreement and discuss methods of sharing the data with federal partners and other stakeholders. Include the development of effective tools and strategies for collaboration, TA modalities and how the utilization of the tools, strategies and TA modalities will meet the goals of helping RWHAP grantees and other providers to build capacity and implement service models that

will effectively serve adult and young Black MSM. Discuss methods to include in the resource inventory existing best practices, TA resources and successful evidence-based interventions currently in use by programs that serve adult and young Black MSM. Discuss methods for effective transfer of knowledge to clinical providers and community-based organizations serving adult and young Black MSM at risk or living with HIV. Describe how models and best-practices can be presented and repackaged for use in a way that addresses regional and cultural barriers impacting the target population. Methods of information dissemination should include but are not limited to webinars, training, workbooks, curricula and tool kits that are printed and or available in electronic form and designed to promote replication and implementation of service models appropriate for the target group. Describe methods to use specific data driven criteria such as unmet need estimates and surveillance data for adult and young Black MSM to target national program activities in geographic regions of highest need.

- *WORK PLAN -- Corresponds to Section V's Review Criterion #2*

Describe, in narrative, the activities that will be used to achieve each of the objectives proposed during this project. Discuss how these activities will contribute to meeting the purpose of the technical assistance. Discuss how the activities will support the project and work to coordinate with other government programs. Discuss how the applicant will coordinate or utilize other HAB funded TA materials and will work with other HAB funded TA providers. Explain how required reporting is to be incorporated into the project. Complete a work table that corresponds with the work plan narrative and include as Attachment 1. The timeframe for the information gathering of the resource inventory part of the project is no more than six months. Develop a work plan including each project activity, action steps, intended target population, measurable outcome, target end dates and the person(s) responsible for each step. The work plan is to be divided between Year 1 and Year 2 activities.

The work plan must include goals, objectives and outcomes that are **SMART** (specific, measurable, achievable, realistic, and time measurable). Applicants are asked to include appropriate milestones (e.g., a significant or important event in the grant budget period), the numbers of providers reached and any products to be developed.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2*

Discuss challenges that are likely to be encountered in designing and implementing that activities described in the needs assessment and work plan sections of the narrative. Discuss the strength of your methodology in identifying and responding to these challenges. Discuss approaches that will be used to resolve such challenges. Also discuss relevant challenges encountered in implementing similar work plans, and how these were resolved.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 and #4*

Describe how you plan to monitor your goals and objectives. Describe the methods you plan to use to collect data. Describe how you plan to track and quantify the utilization of tools and strategies developed. Describe the methods proposed to assess and evaluate the project and their general effectiveness.

- **ORGANIZATIONAL INFORMATION** -- Corresponds to Section V's Review Criterion #5
Provide information on the applicant organization's current mission and structure, scope of current activities, history of working with evidence-based culturally and developmentally appropriate models of care and treatment as well the provision of technical assistance. Include an organizational chart ([Attachment 5](#)). Discuss ability and expertise in working with Black MSM nationally. Describe your organization's history of developing, promoting, culturally and developmentally appropriate curricula, training manuals and webinars for use on a regional and or national level. Discuss expertise of staff as it relates to the scope of work proposed regarding adult and young Black MSM. Describe how these will contribute to the ability of the organization to conduct the program requirements and meet program expectations. Describe how the project's goal of helping RWHAP grantees, clinical providers and community-based organizations through information dissemination and knowledge transfer of effective evidence-based interventions aligns with the organization's mission, activities, and expertise. Describe your experience developing and disseminating informational material, and or providing capacity building assistance to HIV/AIDS related organizations and constituencies on a national level. The applicant's proposal must include a national scope of work. Describe past performance managing collaborative federal grants at the national level. Describe the estimated percentage of total agency budget that funding for this cooperative agreement would comprise, and note other sources of funding the applicant organization receives.

iii. Budget and Budget Justification Narrative,

See Section 4.1.iv and v. of HRSA's [SF-424 Application Guide](#). :

The General Provisions in Division F, Title V of the Consolidated Appropriations Act, 2012 (P.L. 112-74) and continued through the Consolidated and Further Continuing Appropriations Act, 2013 (P. L. 113-6), and the Continuing Appropriations Act, 2014 (P.L. 113-46), apply to this program. These provisions include a salary rate limitation. Please see Section **4.1.iv Budget – Salary Limitation** of HRSA's [SF-424 Application Guide](#) for additional information.

iv. Attachments

Please provide the following items in the order specified below to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled.**

Attachment 1: Work Plan

Attach the Work Plan for the project that includes all information detailed in Section IV. i. Project Narrative. If applicable, also include the required logic model in this attachment.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see section 4.1. of the HRSA's [SF-424 Application Guide](#))

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)

Provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

Attachment 5: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project.

Attachment 6: Tables, Charts, etc.

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachments 7– 15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) List all other support letters on one page.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *FEBRUARY 21, 2014 at 11:59 P.M. Eastern Time*.

4. Intergovernmental Review

The Resource and Technical Assistance Center for HIV Prevention and Care for Black Men who have Sex with Men (Black MSM) Cooperative Agreement is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

See Section 4.1 ii of HRSA's [*SF-424 Application Guide*](#) for additional information.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to two (2) years, at no more than \$1,500,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this announcement may not be used for the following purposes:

1. International Travel

2. Construction (however, minor alterations and renovations to an existing facility to make it more suitable for the purpose of the grant program is allowable with prior HRSA approval).
3. Entertainment cost (This includes the cost of amusements, social activities and related incidental cost).
4. Fundraising expenses
5. Lobbying expenses
6. Pre-Exposure Prophylaxis (PrEP)
7. Syringe Service Programs (SSPs)

The General Provisions in Division F, Title V of the Consolidated Appropriations Act, 2012 (P.L. 112-74) and continued through the Consolidated and Further Continuing Appropriations Act, 2013 (P. L. 113-6), and Continuing Appropriations Act, 2014 (P.L. 113-46), apply to this program. Please see Section 4.1 of HRSA's [*SF-424 Application Guide*](#) for additional information.

All program income generated as a result of awarded grant funds must be used for approved project-related activities.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

Applicants should pay strict attention to addressing all these criteria, as they are the basis upon which the reviewers will evaluate their application.

Review Criteria are used to review and rank applications. The Resource and Technical Assistance Center for HIV Prevention and Care for Black Men who have Sex with Men (Black MSM) Cooperative Agreement has six (6) review criteria:

Criterion 1: NEED (20 points) – Corresponds to Section IV's 2.ii Introduction and Needs Assessment

- The extent to which the application demonstrates the problem and associated contributing factors to the problem.
- The strength of the applicant's description of how the project will enhance the dissemination of evidenced-based service models of HIV care of serving both adult and young (aged 13-24) Black MSM.
- The extent to which the applicant provides a complete description of their expertise on the Ryan White HIV/AIDS Program Legislation, High Impact Prevention as defined by the CDC and nationwide collaboration with federal agencies and national organizations.

- The extent to which the applicant fully demonstrates knowledge of the factors that impede engagement and retention in care for adult and young Black MSM.
- The extent to which the applicant fully describes the need for a comprehensive resource inventory of culturally and developmentally appropriate successful evidence-based strategies to deliver HIV screening, testing, linkage and retention into care leading to improved health outcomes for adult and young Black MSM.
- The extent to which the applicant uses data to provide a complete description of the need for information dissemination and knowledge transfer of effective evidence-based interventions for adult and young Black MSM.
- The extent to which the applicant describes best practices for information dissemination and knowledge transfer of effective evidence-based interventions to clinical providers and community-based organizations serving adult and young Black MSM at risk of or living with HIV
- The extent to which the applicant fully describes how regional and cultural differences in accessing and retaining both adult and young Black MSM in care and treatment impact the treatment cascade for the target populations of adult and young Black MSM.
- The strength of the applicant's outline of how the project will contribute to the current national HIV/AIDS and health care environment as well as serve as a complement to technical assistance efforts for HIV care and treatment strategies of the Ryan White HIV/AIDS Program.

Criterion 2: RESPONSE (25 points) – Corresponds to Section IV's 2.ii. Work Plan and Resolution of Challenges

Work Plan (15 points):

- The strength of the work plan in fully describing the action steps that will be used to achieve each of the activities proposed during the project.
- The extent to which an applicant provides a clear and detailed explanation of how the action steps will provide technical assistance and coordinate with other federal programs.
- The extent to which the applicant provides a complete description of efforts to coordinate and utilize other HAB funded TA materials and will work with other funded TA providers.
- The extent to which the applicant's work table corresponds to the work plan narrative.
- The strength of the work plan as evidence by measurable goals, objectives and outcomes that are SMART (specific, measurable, achievable, realistic, and time measurable) with milestones, products to be developed and a timeline for assessment of the project as outlined.

Resolution of Challenges (10 points):

- The extent to which the applicant clearly describes the challenges likely to be encountered in designing and implementing the activities described in the needs assessment and work plan sections.
- The extent to which the applicant fully describes approaches that will lead to resolution of stated challenges.
- The extent to which the applicant fully describes challenges encountered in implementing similar work plans and how they were resolved.

Criterion 3: EVALUATIVE MEASURES (20 points) – Corresponds to Section IV's 2.ii. Methodology and Evaluation and Technical Support Capacity.

- The extent to which the applicant describes the method(s) proposed to monitor and evaluate the project results.
- The extent to which the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's 2.ii.Evaluation and Technical Support Capacity

- The extent to which the applicant provides a description of a clear and detailed plan to evaluate if the objectives for the project have been met.
- The extent to which the applicant provides a complete, detailed and effective plan to assess, evaluate and monitor the project goals and objectives including a description of methods to collect data.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's 2.ii.Organizational Information

- The extent to which the applicant clearly describes the agency's mission, structure, , history of working with evidence-based culturally and developmentally appropriate models of care and treatment as well the provision of technical assistance including an organizational chart (Attachment 5), ability and expertise in working with adult and young Black MSM nationally.
- The extent to which the applicant fully describes the agency's organization's history of developing, promoting, culturally and developmentally appropriate curricula, training manuals and webinars for use on a regional and or national level.
- The strength of the staffing plan and extent to which the expertise of program staff relates to the scope of the activities in correlation to the budget and budget justification.
- The extent to which the applicant demonstrates experience in managing collaborative federal grants at the national level, including percentage of deliverables completed within each federal fiscal year for the past two completed fiscal year.
- The extent to which the applicant provides a detailed scope of work that is nationally focused and demonstrates expertise in nationwide collaborative with federal agencies and national organizations.
- The extent to which the applicant completely describes past performance managing collaborative federal grants at the national level,including the estimated percentage of total agency budget that funding for this cooperative agreement would comprise, and note other sources of funding the applicant organization receives.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's iii. Budget and Budget Justification Narrative

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives. The extent to which the budget justification clearly explains each line item in relation to the proposed activities.

- The extent to which the applicant provides clear information on the percentage of their total agency budget to be used and any other sources of funding received by the organization for this project.

2. Review and Selection Process

Please see section 5.3 of the HRSA's [*SF-424 Application Guide*](#).

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of July 1, 2014.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of July 1, 2014. See section 5.4 of HRSA's [*SF-424 Application Guide*](#) for additional information.

2. Administrative and National Policy Requirements

See section 2 of HRSA's [*SF-424 Application Guide*](#).

3. Reporting

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA's [*SF-424 Application Guide*](#) and the following reporting and review activities:

- **Progress Report(s).** The awardee must submit a progress report to HRSA on an semi-annual basis. Further information will be provided in the award notice.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Brad Barney, Supervisory Grants Management Specialist
 Attn.: *System-level Workforce Capacity Building for Integrating HIV Primary Care in Community Healthcare Settings – Evaluation and Technical Assistance Center (HRSA-14-058)*
 HRSA Division of Grants Management Operations, OFAM
 Parklawn Building, Room 11A-02
 5600 Fishers Lane
 Rockville, MD 20857
 Telephone: (301) 443-6916
 Fax: (301) 443-6686

Email: BBarney@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Harold J. Phillips
Deputy Director, Division of State HIV/AIDS Programs
HIV AIDS Bureau, HRSA
Parklawn Building, Room 7A-15
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-6745
Fax: (301) 443-8143
Email: hphillips@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
iPortal: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/awardees may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
E-mail: CallCenter@HRSA.GOV

VIII. Tips for Writing a Strong Application

See section 4.7 of HRSA's [*SF-424 Application Guide*](#).